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Image# 201601059004435616

## FEC FORM 2

## STATEMENT OF CANDIDACY

	(a) Name of Candidate (in full)									
	(b) Address (number and street)	ПСЬ	ook if addrag	se changed		2 Candidata's	EEC Idontifi	ootion N	lumboi	
	PO Box 6072	☐ Check if address changed				2. Candidate's FEC Identification Number H6MN05183				
	(c) City, State, and ZIP Code					3. Is This	New		V	Amended
	Minneapolis		MN	5540		Statemen	( )	OR	×	(A)
4.	Party Affiliation	5. Office Sough	ıt			trict of Candidate	9			
	DEMOCRATIC PARTY	House			MN	05				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)									
	NOTE: This designation should be f	iled with the app	ropriate offic	e listed in the	ne instructions.					
	(a) Name of Committee (in full)  Ellison for Congress	•								
	(b) Address (number and street) PO Box 6072									
	(c) City, State, and ZIP Code									
	Minneapolis				MN	55406				
	DE	SIGNATION	I OE OTI	JED AII	TUODIZED	COMMITTE	======================================			
	DE				g Representativ		LO			
8.	I be a select a select the fall assignment	and committee a	which is NOT	mv principa	al campaign cor	mmittee to recei	ve and expen	d funde	on ho	half of my
	I hereby authorize the following nan candidacy.	ieu committee, v		71	ar campaign coi	minutes, to recei	vo and oxpon	ia iailas	OII DE	nan or my
						minutes, to recei	vo ana expen	ia ianas	on be	nan or my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)	iled with the prin				minutes, to recer	vo and oxpon		OH De	nan oi my
	candidacy.  NOTE: This designation should be f	iled with the prin				minutes, to recer	To and oxpon			ian of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)	iled with the prin				illinities, to recei	то ана охрон		On be	ian of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  Shared Vision Fund  (b) Address (number and street)	iled with the prin				illimited, to recei			On be	lan of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  Shared Vision Fund  (b) Address (number and street)  PO Box 186	iled with the prin				46206			On be	lan of my
_	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  Shared Vision Fund  (b) Address (number and street) PO Box 186  (c) City, State, and ZIP Code	iled with the prin	cipal campa	ign committe	ee.	46206				ian of my
Si	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  Shared Vision Fund  (b) Address (number and street) PO Box 186  (c) City, State, and ZIP Code Indianapolis	iled with the prin	cipal campa	ign committe	ee.	46206				
	candidacy.  NOTE: This designation should be formula in the second of th	iled with the prin	cipal campa	ign committe	ee.	46206 and belief it is tru  Date				
Ke	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  Shared Vision Fund  (b) Address (number and street) PO Box 186  (c) City, State, and ZIP Code Indianapolis  I certify that I have example of Candidate	iled with the prin	cipal campa	ign committe	IN  my knowledge a  ronically Filed)	46206  and belief it is tru  Date  01/05/2016	ue, correct and	d compl	ete.	
Ke	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  Shared Vision Fund  (b) Address (number and street) PO Box 186  (c) City, State, and ZIP Code Indianapolis  I certify that I have example of Candidate  eith Maurice Ellison	iled with the prin	cipal campa	ign committe	IN  my knowledge a  ronically Filed)	46206  and belief it is tru  Date  01/05/2016	ue, correct and	d compl	ete.	

FEC FORM 2 (REV. 02/2009)